

MAINE STATE LEGISLATURE

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BANKING AND INSURANCE

Reported by:

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**STATE OF MAINE
SENATE
120TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to S.P. 97, L.D. 323, Bill, "An Act Concerning Patient Access to Eye Care Providers"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:

'Sec. 1. 24-A MRSA §4314 is enacted to read:

§4314. Access to eye care providers

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Eye care provider" means a participating provider who is an optometrist licensed to practice optometry pursuant to Title 32, chapter 34-A, or an ophthalmologist licensed to practice medicine pursuant to Title 32, chapter 48.

B. "Eye care services" means those urgent health care services related to the examination, diagnosis, treatment and management of conditions, illnesses and diseases of the eye and related structures that are provided to treat conditions, illnesses or diseases of the eye that if not treated within 24 hours present a serious risk of harm.

2. Coverage of eye care services. A carrier that provides coverage for eye care services as part of a health plan shall provide coverage for eye care services in accordance with the following.

2 A. An enrollee may receive eye care services from an eye
3 care provider participating in the enrollee's health plan
4 without the prior approval or authorization of the
5 enrollee's primary care provider for a maximum of 2 visits,
6 one initial visit and one follow-up visit, for each
7 occurrence requiring urgent care as described in subsection
8 1, paragraph B. A carrier may not retrospectively deny
9 coverage under this section on the basis that the eye care
10 services received by the enrollee did not meet the
11 requirements of subsection 1, paragraph B. In order to
12 receive continuing benefits for treatment related to the
13 initial visit, an enrollee must receive the approval of the
14 enrollee's primary care provider for any visit after the 2nd
15 visit. Within 3 working days of the initial visit, the eye
16 care provider shall send to the enrollee's primary care
17 provider a report containing the enrollee's complaint,
18 related history, examination results, initial diagnosis and
19 recommendations for treatment. If the eye care provider
20 does not send a report to the primary care provider within 3
21 working days, the carrier is not obligated to provide
22 benefits for the self-referred visits under this paragraph
23 and the enrollee is not liable to the eye care provider for
24 any unpaid fees.

25 B. A carrier shall ensure that all eye care providers
26 participating in the carrier's health plans are included on
27 any publicly accessible list of participating providers for
28 the carrier.

29 C. A carrier shall allow each eye care provider
30 participating in the carrier's health plans to furnish
31 covered eye care services to enrollees without
32 discrimination between classes of eye care providers and to
33 provide the eye care services permitted by the eye care
34 provider's license.

35 **3. Prohibitions.** A carrier may not:

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38 A. Impose a deductible or coinsurance for eye care services
39 that is greater than the deductible or coinsurance imposed
40 for other health care services under a health plan; or
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43 B. Require an eye care provider to hold hospital privileges
44 as a condition of participation as a provider under a health
45 plan.

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47 **4. Construction.** This section may not be construed as:

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49 A. Requiring coverage for routine eye examinations;
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2 B. Creating coverage for any health care service that is
not otherwise covered under the terms of a health plan;

4 C. Requiring a carrier to include as a participating
provider every willing provider or health care professional
6 who meets the terms and conditions of a health plan;

8 D. Preventing an enrollee from seeking eye care services
from the enrollee's primary care provider in accordance with
10 the terms of the enrollee's health plan;

12 E. Increasing or decreasing the scope of practice of
optometry or ophthalmology as defined in Title 32;

14 F. Requiring eye care services to be provided in a hospital
16 or similar health care facility; or

18 G. Notwithstanding the definition of eye care services in
subsection 1, paragraph B, prohibiting a carrier from
20 requiring an enrollee to receive prior approval or
authorization from a primary care provider for any
22 subsequent surgical procedures.

24 **Sec. 2. Application.** The requirements of this Act apply to all
26 policies, contracts and certificates executed, delivered, issued
for delivery, continued or renewed in this State by a health
28 insurance carrier that provides coverage for eye care services on
or after January 1, 2002. For purposes of this Act, all
30 policies, contracts and certificates are deemed to be renewed no
later than the next yearly anniversary of the contract date.'

32 Further amend the bill by inserting at the end before the
summary the following:

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36 **FISCAL NOTE**

38 Requiring health insurance carriers that provide coverage
for eye care services to allow enrollees to self-refer for a
40 maximum of 2 visits for each occurrence may result in some minor
additional costs to Anthem Blue Cross Blue Shield. These costs
42 can be absorbed without an impact to the State's health insurance
premiums.'

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46 **SUMMARY**

48 This amendment is the majority report of the committee and
replaces the bill. The amendment requires health insurance
carriers that provide coverage for eye care services to allow
50 enrollees to self-refer for a maximum of 2 visits for each

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2 occurrence requiring eye care services from an eye care provider
participating in the carrier's health plans. Eye care services
4 are defined as those urgent health care services related to the
examination, diagnosis, treatment and management of conditions,
6 illnesses and diseases of the eye that if not treated within 24
hours present a serious risk of harm.

8 The amendment applies to all policies, contracts and
certificates issued or renewed on or after January 1, 2002.

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This amendment also adds a fiscal note to the bill.

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